

County: Dane
 SKAALEN SUNSET HOME
 400 NORTH MORRIS STREET
 STOUGHTON 53589 Phone:(608) 873-5651

Facility ID: 8210

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 201
 Total Licensed Bed Capacity (12/31/02): 201
 Number of Residents on 12/31/02: 187

Ownership: Nonprofit Church/Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 192

Services Provided to Non-Residents	Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	37.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	4.3	More Than 4 Years	18.2
Day Services	No	Mental Illness (Org./Psy)	34.8	65 - 74	8.0	-----	-----
Respite Care	Yes	Mental Illness (Other)	2.1	75 - 84	29.4	-----	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****	-----
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.7	Full-Time Equivalent	-----
Congregate Meals	No	Cancer	2.7	-----	-----	Nursing Staff per 100 Residents	-----
Home Delivered Meals	Yes	Fractures	1.6	-----	100.0	(12/31/02)	-----
Other Meals	No	Cardiovascular	8.0	65 & Over	95.7	-----	-----
Transportation	Yes	Cerebrovascular	16.6	-----	-----	RNs	7.1
Referral Service	No	Diabetes	6.4	Sex	%	LPNs	9.9
Other Services	No	Respiratory	4.3	-----	-----	Nursing Assistants,	-----
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	21.4	Male	32.1	Aides, & Orderlies	50.6
Provide Day Programming for Developmentally Disabled	No	-----	-----	Female	67.9	-----	-----
-----	-----	-----	100.0	-----	-----	-----	-----
-----	No	-----	-----	-----	100.0	-----	-----

Method of Reimbursement

Level of Care	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		Total Resi-dents	% Of All
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Int. Skilled Care	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Skilled Care	19	100.0	108	99.1	0	0.0	54	100.0	0	0.0	5	100.0	186	99.5
Intermediate	---	---	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0	1	0.5
Limited Care	---	---	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Personal Care	---	---	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Residential Care	---	---	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Dev. Disabled	---	---	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	19	100.0	109	100.0	0	0.0	54	100.0	0	0.0	5	100.0	187	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		Percent Distribution of Residents' Conditions, Services, and Activities			Percent Distribution of Services and Activities	
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	2.2					
Private Home/With Home Health	2.8	Bathing	0.0	74.3	25.7	187
Other Nursing Homes	2.8	Dressing	4.3	82.4	13.4	187
Acute Care Hospitals	90.3	Transferring	15.5	66.8	17.6	187
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	9.1	69.5	21.4	187
Rehabilitation Hospitals	0.3	Eating	40.6	50.8	8.6	187
Other Locations	1.6	*****				
Total Number of Admissions	321	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		8.6	Receiving Respiratory Care	20.9
Private Home/No Home Health	11.5	Occ/Freq. Incontinent of Bladder		59.4	Receiving Tracheostomy Care	0.5
Private Home/With Home Health	36.3	Occ/Freq. Incontinent of Bowel		34.8	Receiving Suctioning	0.5
Other Nursing Homes	2.7				Receiving Ostomy Care	2.1
Acute Care Hospitals	6.0	Mobility			Receiving Tube Feeding	2.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		7.0	Receiving Mechanically Altered Diets	35.8
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	12.1	Skin Care			Have Advance Directives	74.3
Deaths	31.4	With Pressure Sores		5.3	Medications	
Total Number of Discharges (Including Deaths)	331	With Rashes		11.2	Receiving Psychoactive Drugs	60.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership:		Bed Size:		Licensure:		All Facilities	
		Nonprofit Peer Group %	Ratio	200+ Peer Group %	Ratio	Skilled Peer Group %	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	87.5	1.09	81.7	1.17	85.3	1.12	85.1	1.12
Current Residents from In-County	70.6	79.3	0.89	81.4	0.87	81.5	0.87	76.6	0.92
Admissions from In-County, Still Residing	19.0	21.8	0.87	22.1	0.86	20.4	0.93	20.3	0.94
Admissions/Average Daily Census	167.2	124.6	1.34	97.4	1.72	146.1	1.14	133.4	1.25
Discharges/Average Daily Census	172.4	129.0	1.34	105.8	1.63	147.5	1.17	135.3	1.27
Discharges To Private Residence/Average Daily Census	82.3	50.5	1.63	41.5	1.98	63.3	1.30	56.6	1.46
Residents Receiving Skilled Care	99.5	94.7	1.05	88.0	1.13	92.4	1.08	86.3	1.15
Residents Aged 65 and Older	95.7	96.2	0.99	86.1	1.11	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents	58.3	56.7	1.03	72.7	0.80	63.6	0.92	67.5	0.86
Private Pay Funded Residents	28.9	32.8	0.88	16.9	1.71	24.0	1.20	21.0	1.37
Developmentally Disabled Residents	1.1	0.5	2.00	2.5	0.43	1.2	0.91	7.1	0.15
Mentally Ill Residents	36.9	35.5	1.04	39.4	0.94	36.2	1.02	33.3	1.11
General Medical Service Residents	21.4	23.8	0.90	26.5	0.81	22.5	0.95	20.5	1.04
Impaired ADL (Mean)	51.9	50.4	1.03	52.3	0.99	49.3	1.05	49.3	1.05
Psychological Problems	60.4	54.7	1.10	59.5	1.01	54.7	1.10	54.0	1.12
Nursing Care Required (Mean)	9.9	6.9	1.43	7.0	1.42	6.7	1.47	7.2	1.37